

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter claimed and for which a patent is sought on the invention entitled A DEMODULATION APPARATUS OF A BASE STATION IN A CDMA MOBILE COMMUNICATION SYSTEM, the specification of which

[X] is attached hereto [] was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by a amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability in accordance with Title 37, Code of F Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

<u>Number</u>	<u>Country</u>	<u>Foreign Filing Date Month/Day/Year</u>
27090/1999	Republic of Korea	July 6, 1999

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

<u>Application Number(s):</u>	<u>Filing Date(Month/Day/Year)</u>
--------------------------------------	---

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as t subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Cod of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT internationa filing date of this application:

**Prior U.S. Application
or PCT Parent Number**

Filing Date(Month/Day/Year)

Parent Patent Number (if applicable)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statement may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorney(s) and/or agent(s): Daniel Y.J. Kim, Registration No. 36,186 and Mark L. Fleshner, Registration No. 34,596; Carl R. Wesolowski, Registration No. 40,372, John C. Eisenhart, Registration No. 38,128, Rene A. Vasquez, Registration No. 38,6 Stuart I. Smith, Registration No. 42,159; Carol L. Druzbeck, Registration No. 40,287; Anthony H.Nourse, Registration No. 46,121; and Ma A. Burke, Registration No. 34,474, all of

FLESHNER & KIM, LLP
P. O. Box 221200
Chantilly, Virginia 20153-1200

with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and all future correspondence should be addressed to them.

Full name of sole or first inventor: Won Hyoung PARK
Inventor's signature: Won Hyoung Park Date: 2020. 5. 8
Residence: Kyunggi-do, Korea
Citizenship: Republic of Korea
Post Office Address: Kyungho Yunrip 303, 222, Yangji-dong, Sujung-gu, Sungnam-si, Kyunggi-do, Korea

Full name of joint inventor(s):
Inventor's signature: _____ Date: _____
Residence: _____
Citizenship: _____
Post Office Address: _____

Full name of joint inventor(s):
Inventor's signature: _____ Date: _____
Residence: _____
Citizenship: _____
Post Office Address: _____

Full name of joint inventor(s):
Inventor's signature: _____ Date: _____
Residence: _____
Citizenship: _____
Post Office Address: _____
